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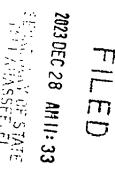
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COVER LETTER

TO: Registration S Division of Co			ı
CIUD IE CE.	Being, LLC		
30bJr.C1.	Name of Lin	ited Liability Company	·
The enclosed Articles o	f Amendment and fcc(s) are sub	omitted for filing	
	ondence concerning this matter	-	
	Lori Rushing Gonzalez		
		Name of Person	
	Scentient Being, LLC		
		Firm/Company	
	3008 Ridgevale Circle		
		Address	
	Valrico, FL 33596		
		City/State and Zip Code	
	rushing_lori@hotmail.com	to be used for future annual report notif	
For further information	concerning this matter, please c	-	ication)
Lori Rushing Gonzalez		727 520-4403	
Name	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O	Section	<u>Street Address:</u> Registration Sec Division of Corp	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scentient Being, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company	y were filed on December 18, 2023	and assigned
Florida document number L23000555119		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
Tilted Wick, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		₽ 1 2023 DEC
		E
		28
Enter new mailing address, if applicable:		· //·· / / / / / / / / / / / / / / / /
Mailing address MAY BE A POST OFFICE BOX)		
Maning unitess MAT BE A FOST OFFICE BOA)		12 × 3
		ω
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:		
-		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	Enter Florida street address , Florida	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐Change
			□Add
		 	□Remove
			☐ Change
			
			□Change
		 	□Add
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